

CLAIMS ONLY						Application Number 10791099	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*
	Indep	Depend	Indep	Depend	Indep	Depend	
1	I						
2		I					
3		I					
4		I					
5		I					
6		I					
7		I					
8	I						
9		I					
10		I					
11		I					
12		I					
13		I					
14		I					
15	I						
16		I					
17		I					
18		I					
19	I						
20		I					
21		I					
22		I					
23		I					
24		I					
25		I					
26		I					
27	I						
28		I					
29		I					
30		I					
31		I					
32		I					
33		I					
34		I					
35		I					
36		I					
37		I					
38		I					
39		I					
40		I					
41		I					
42		I					
43		I					
44		I					
45		I					
46		I					
47		I					
48		I					
49		I					
50		I					
Total Indep	5						
Total Depend	28						
Total Claims	33						